

Cardiovascular Disease Mortality and Risk Factors

in the Three Rivers Public Health Department Region



Three Rivers Public Health Department

Counties: (Dodge, Saunders, and Washington)

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Age-adjusted mortality rates for total cardiovascular disease, heart disease, and sudden cardiac death in the Three Rivers Public Health Department region are significantly lower than those for all Nebraska residents. However, residents of the Three Rivers region rank highest in stroke mortality (although not significantly different from the state as a whole). Consistent with adults in many Nebraska health districts, males, compared to females in the Three Rivers region are less likely to consume five or more servings of fruits and vegetables daily. Positively, of the 18 local public health departments presented in this report, adult females in the Three Rivers region rank highest (at 77.8%) in having had a cholesterol screening during the past five years, which is significantly higher than the statewide rate for females (68.5%). However, in contrast, residents of Three Rivers Public region rank highest (out of 18) in current cigarette smoking (at 25.3%), statistically greater than the state average of 21.9% (a pattern that is consistent for both genders).

Regionally specific supplement to:

Cardiovascular Disease Mortality and Risk Factors by Nebraska's Local Public Health Department Regions. Lincoln, NE: Nebraska Health and Human Services System, Department of Health and Human Services, Offices of Disease Prevention and Health Promotion; 2005

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Full copy available for download at: <http://www.hhs.state.ne.us/cvh>

Three Rivers Public Health Department

Demographic Composition

Counties	Average age	Education	Race / Ethnicity		
Dodge, Saunders and Washington	37.8 years	H.S Grad / GED or higher	85.9%	Number	Percentage
Total population	Median income	Baccalaureate / Graduate degree	17.4%	White, non-Hispanic	71,833 96.1%
74,770	\$41,303			Minority	2,937 3.9%

Source: 2000 Census

Mortality and Risk Factors

Mortality Due to Cardiovascular Disease Among Residents in Three Rivers Public Health Department by Gender, 1999-2003

Cause of Death %	Total			Male			Female			Relative Risk (M:F) ^d
	N ^a	AAR ^b	me ^c	N ^a	AAR ^b	me ^c	N ^a	AAR ^b	me ^c	
Total Cardiovascular Disease	1,285	250.9 --	13.7	543	306.2	25.8	742	213.5	15.4	1.43 +
Heart Disease	834	163.7 --	11.1	377	212.3 --	21.4	457	133.4 --	12.2	1.59 +
Sudden Cardiac Death	405	77.1 --	7.5	167	94.1 --	14.3	238	63.9 --	8.1	1.47 +
Stroke	336	65.5	7.0	125	70.5	12.4	211	60.0	8.1	1.18

Source: Nebraska Vital Records

-- The rate is significantly lower (p < 0.05) than all other Nebraska Health Departments

+ The age-adjusted rate for males is significantly higher than the rate for females (p < 0.05)

Risk Factors for Cardiovascular Disease Among Adults in Three Rivers Public Health Department by Gender, 1995-2003

CVD Risk Factors	Total			Male			Female			Relative Risk (M:F) ^d
	n ^e	W% ^f	me ^c	n ^e	W% ^f	me ^c	n ^e	W% ^f	me ^c	
¹ Current Cholesterol Screening	689	69.9	4.8	261	61.2	8.1	428	77.8 **	4.7	0.79 -
² Diagnosed Diabetes	1,261	5.2	1.4	494	5.1	2.3	767	5.3	1.6	0.97
³ 5-a-day Consumption	782	17.3	3.0	323	14.0	4.4	459	20.5	4.1	0.69 -
⁴ Diagnosed High Blood Cholesterol	546	31.8	4.4	194	32.8	7.3	352	31.0	5.5	1.06
⁵ Diagnosed High Blood Pressure	723	23.0	3.5	272	23.8	5.8	451	22.3	4.3	1.07
⁶ No Health Care Coverage, 18-64	904	10.3	2.3	377	9.8	3.5	527	10.8	3.0	0.91
⁷ Obese	1,199	21.6	2.7	485	22.4	4.2	714	20.8	3.5	1.08
⁸ No Leisure Time Physical Activity	1,066	27.7	3.1	418	30.4 **	5.0	648	25.3	3.7	1.20
⁹ Current Cigarette Smoking	1,259	25.3 **	2.9	493	26.9	4.5	766	23.7 **	3.6	1.13

Source: Nebraska Behavioral Risk Factor Surveillance System

** The percentage is significantly higher (p < 0.05) than all other Nebraska HDs

-- The percentage is significantly lower (p < 0.05) than all other Nebraska HDs

* The lower bound of the 95% confidence interval for the risk ratio is greater than 1.0

- The upper bound of the 95% confidence interval for the risk ratio is less than 1.0

% Specific ICD-10 Cause of Death Codes may be found in the Methodology Section of this Report

^a Documented number of deaths from each cause between 1999 and 2003

^b Average annual age-adjusted rate per 100,000 population (2000 U.S. standard population)

^c Margin of error (me) at 95% confidence, interpreted as plus/minus the relevant age-adjusted rate or weighted percentage

^d Relative Risk is the male to female rate ratio (for mortality) and percentage ratio (for risk factors)

^e Non-weighted sample size for each risk factor

^f Percentage weighted by gender and age to reflect Nebraska's population (using CDC's BRFSS weighting methodology)

¹ Percentage of adults reporting that they had their cholesterol checked within the 5 years preceding the survey

² Percentage of adults reporting that they have ever been told by a doctor, nurse, or health professional that they have diabetes (excluding gestational diabetes)

³ Percentage of adults reporting that they consume 5 or more daily servings of fruits and vegetables

⁴ Percentage of adults reporting that they have ever been told by a doctor, nurse, or health professional that their blood cholesterol is high, among those that have ever had it checked

⁵ Percentage of adults reporting that they have ever been told by a doctor, nurse, or other health professional that their blood pressure is high

⁶ Percentage of adults, 18-64, reporting that they do not have any kind of health care coverage, including health insurance, prepaid plans such as HMO, or governmental plans

⁷ Percentage of adults body mass index value of 30 or greater (based on self-reported height and weight)

⁸ Percentage of adults reporting that, other than their regular job, they did not participate in any physical activities or exercises during the 30 days preceding the survey

⁹ Percentage of adults that have smoked at least 100 cigarettes during their lifetime and currently smoke cigarettes every day or on some days